



# LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748

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## OPERATIONS COMMITTEE MEETING MINUTES

January 26, 2015

Approved  
3/23/2015

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Joseph Green, <i>Co-Chair</i>	Lilia Espinoza, PhD	None	Dawn McClendon
AJ King, MPH, <i>Co-Chair</i>	Rob Lester, MPP		Jane Nachazel
Douglas Lantis, MBA	Jill Rotenberg		Nicole Werner
Ted Liso			
José Munõz			
Terry Smith			DHSP STAFF
Terrell Winder			None

### CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Operations Committee Agenda, Revised, 1/26/2015
- 2) **Minutes:** Operations Committee Minutes, 1/27/2014
- 3) **Minutes:** Operations Committee Minutes, 2/24/2014
- 4) **Minutes:** Operations Committee Minutes, 3/31/2014
- 5) **Minutes:** Operations Committee Minutes, 4/28/2014
- 6) **Minutes:** Operations Committee Minutes, 6/2/2014
- 7) **Minutes:** Operations Committee Minutes, 6/30/2014
- 8) **Minutes:** Operations Committee Minutes, 7/28/2014
- 9) **Policy:** Commission on HIV, Policy on Minutes, *draft, January 2015*
- 10) **Memorandum:** FY 14 and FY 15 Assessment of Administrative Mechanism RFP/Scope of Work, 1/26/2005
- 11) **Report:** Los Angeles Assessment of the Administrative Mechanism, Ryan White CARE Act Year 15 (Grant Year 2005-2006), *July 2007*

1. **CALL TO ORDER:** Mr. King called the meeting to order at 10:10 am.
2. **APPROVAL OF AGENDA:**  
**MOTION #1:** Approve the Agenda Order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**  
**Motion 2:** Approve minutes from the 1/27/2014, 2/24/2014, 3/31/2014, 4/28/2014, 6/2/2014, 6/30/2014 and 7/28/2014 Operations Committee meetings, as presented (*Passed by Consensus*).
4. **PUBLIC COMMENT (Non-Agendized or Follow-Up):** There were no comments.
5. **COMMITTEE COMMENT (Non-Agendized or Follow-Up):** There were no comments.
6. **CO-CHAIRS' REPORT:**
  - A. **Meeting Minutes:**
    - James Stewart, Parliamentarian, provided a draft policy with recommendations to simplify meeting minutes.
    - ➡ The body reviewed the draft and made changes as noted for incorporation into a Policy/Procedure:

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- ▶ Revise subheadings as follows: "Commission meetings" to "Commission Meetings," "Executive Committee" to "Executive Committee Meetings," "All other committees and/or subcommittees under the Brown Act" to "Other Committee and/or Subcommittee Meetings Under the Brown Act," and "All sub-groups not under the brown act" to "Subgroups not Under the Brown Act, Including Task Forces, Caucuses and Work Groups;"
- ▶ Revise item a) under Commission Meetings, Executive Committee Meetings and Other Committee and/or Subcommittee Meetings Under the Brown Act as follows: revise "contained" to "contain," and revise "with attribution" to "with attribution when appropriate," e.g., multiple speakers expressing the same thought need not be named;
- ▶ Revise Executive Committee Meetings, item b), as follows: "If the Committee meets in Executive Session, minutes shall contain only motions made, if any, and votes taken, with attribution. Any motions passed will be reported at the next Executive Committee meeting."
- ▶ Revise Subgroups not Under the Brown Act, Including Task Forces, Caucuses and Work Groups as follows: "Minutes will be at the discretion of a subgroup's members. If written, they will contain a summary of points made in discussion or debate, with attribution when appropriate."

### 7. MEMBERSHIP MANAGEMENT:

#### A. Open Nominations Process Membership Drive:

##### 1) Summarize Process:

- Ms. Werner reported 12 new and 20 renewal members have been interviewed. A few members have expressed interest, but not submitted applications, e.g., James Chud, has been ill; Sharon Holloway, requested help but has not followed up; Patsy Lawson; and Lynnea Garbutt. Dr. Lilia Espinoza will not renew. Alex Castillo is out of contact.
- There was consensus to maintain process timelines. Members can re-apply in future if they do not apply now.
- Michael Johnson previously noted the Executive Office wanted to review applicants, but no longer plans to do so in advance. The Executive Office receives the full slate once approved by the Commission.

##### 2) Next Steps/Work Group Formation:

- The body discussed the propriety of members seeking renewal in serving on the Membership Work Group to draft a proposed slate. The perception of objectivity was deemed of over-riding value so they will not participate.
- An applicant's representation will be viewed holistically, e.g., a clinician may be expert in a field while missing some meetings due to other obligations, but a consumer without formal degrees may offer community expertise.
- ➡ The Membership Work Group will be composed of Commission members who are not renewal candidates to maintain objectivity in fact and appearance. Initial members are: Joseph Green, Terry Smith and Terrell Winder. Dawn McClendon will invite Monique Tula and Dr. Fariba Younai to join as well. Ms. McClendon will also review Membership Work Group members for pertinent conflicts-of-interest.
- ➡ Staff will provide the Membership Work Group with applications, resumes and demographic data. The Work Group will consider parity, representation and inclusion. The Work Group will not consider attendance in isolation, but will consider overall participation, contributions and meeting attendance records.
- ➡ Agreed to seat new candidates in positions whose termed out Commission members have not submitted renewal applications despite attempts to contact them. Such members include: Alex Castillo, James Chud, Lynnea Garbutt, Sharon Holloway and Patsy Lawson. Lilia Espinoza and Jenny O'Malley have also chosen not to renew.
- ➡ Ms. McClendon will schedule a Membership Work Group meeting in time to review the slate at the February Operations meeting. Recommendations will be forwarded to the March Commission meeting for review/approval.

### 8. TRAINING AND CAPACITY BUILDING:

#### A. New Member Orientation/Training:

- Mr. King noted orientation/training was both needed for new members and helpful for those returning. The current format offers a Commission overview followed by Committee subject matter role-play with Committee Co-Chairs. The Commission currently also requires HIV 101, HIPPA and HIPPA Human Subjects training for people who have not received them elsewhere. The County requires trainings on sexual harassment, diversity and the Brown Act.
- The Commission developed other trainings in response to Commission member requests for more information on various subjects, e.g., consumers often asked for a better understanding of epidemiological studies.
- Mr. Smith suggested requiring 8 to 16 hours of HIV and STD trainings annually to ensure an informed body, but Mr. Winder disagreed with required meetings. New members often feel overwhelmed and lack a clear understanding of

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how the Commission functions. Meanwhile, colloquia offer significant HIV and STD information. Mr. Lantis added functional information should profile "a month in the life of the Commission" and how to participate in meetings.

- It takes time to become involved and comfortable in the process, but definitions of common terms would help. Mr. King added all Co-Chairs should be aware of making discussions accessible, e.g., by defining acronyms.
- Mr. Liso felt prepared Commission members participate more easily. He suggested an in-service model to supplement required trainings with at least three trainings per year offered on a voluntary basis. Mr. King added 45-minute in-service trainings might be offered prior to Commission meetings. A resource list could also support independent study.
- Mr. Winder felt most Commission members were comfortable with subjects such as HIV or STD 101. If in-services are offered, he suggested practical subjects such as how to read a spreadsheet.
- Mr. Smith felt it important to clarify HRSA and CDC requirements of the Commission as well as what DHSP and the Commission expect of each other including deliverables and how Committees address them.
- Mr. Munoz recommended a welcome package with, e.g., a brief Commission history, Committee information, a Commission member contact list and a list of common terms/definitions. Mentorship is especially important even with daily navigation issues, e.g., his early Commission email notifications went to spam as he did not expect them. A mentor can also identify who handles various issues, e.g., that Ms. Werner addresses membership questions.
- Mr. Liso suggested establishing a "lead mentor" to coordinate mentors for Commission members.
- ➡ Ms. McClendon will coordinate with Brad Land, Rob Lester and Eric Sanjurjo to finalize the common term/definition list.
- ➡ The Training Work Group will develop a proposal for the next Operations meeting to include: a list of required trainings, possible in-service trainings, possible welcome packet materials, mentorship options including identification of a "lead mentor" and other proposals as determined. Members are: AJ King, Douglas Lantis and Ted Liso. Nicole Werner will also contact Jill Rotenberg to join.

### 9. ASSESSMENT OF ADMINISTRATIVE MECHANISM (AAM):

- HRSA requires an AAM annually, but the Commission's requirement was deferred for several years due to system of care changes and Commission integration. AAM status is reported in the HRSA application.
- The AAM examines the efficacy of the system in ensuring allocated HIV services are implemented in a timely manner. The County system includes not only the Commission and DHSP, but the Department of Public Health, other departments and the Board as they relate to various aspects of the process, e.g., procurement and contracting. The AAM identifies aspects of the system which work well or are experiencing challenges and makes recommendations for improvement.

#### A. AAM Vendor Solicitation:

- Operations' charge is to determine the AAM's Scope of Work (SOW), select a contractor, review the final AAM's proposed recommendations and forward final recommendations to the Commission for review and approval. Operations monitors Implementation of approved recommendations until the next AAM which they help to inform.
- The last determination by the prior body was to shift from an annual overview of the system, which had become redundant, to a two-year cycle with an overview in the first year followed by in-depth review of a particular aspect of the system in the second. That determination may or may not be retained.
- Mr. King noted several jurisdictions develop less extensive AAMs and questioned AAM minimum requirements.
- ➡ Ms. McClendon will email HRSA AAM minimum requirements to Operations for review prior to the February meeting. Operations will also review the 1/26/2005 SOW memorandum and July 2007 AAM prior to the meeting.
- ➡ Operations will address the next AAM's SOW at its February meeting and determine whether to use an RFP or sole source AAM solicitation process. The sole source process takes much longer due to required justification.

### 10. NEXT STEPS:

A. **Task/Assignment Recap:** There was no additional discussion.

#### B. Agenda Development for Next Meeting:

- ➡ February meeting topics will be: Membership and Training Work Group reports, AAM update and Work Plan review.
- ➡ The February meeting will be extended to 10:00 am to 1:00 pm to accommodate work.

11. **ANNOUNCEMENTS:** There were no announcements.

12. **ADJOURNMENT:** The meeting adjourned at 12:00 noon.